V. S. No. 1

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should state item of inforof OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12234
1. PLACE OF PEATH	94.2
County Hasford	Registration Dist. No. / 8
Village or City Dueson p	No. St., Ward
Length of residence in city or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Welliams Tel	Muses.
(a) Residence: No. Benson	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale There of RAGE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the world)	21. DATE OF DEATH Dec 9 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	was called
(or) WIFE of Darch & Unioso,	To decease on Dec. 11 and found him agad
6. DATE OF BIRTH (month, day, and year) ACP 10 - 1850	the his bed by examination of the body
7. AGE Years Months Days If LESS van	to have occurred on the date stated above, at
74 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related gauses of importance ware so follows:    Data of onset   Data of onset   Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Convince we obtat death
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Do Date deceased last worked at this occupation (month and	was instantaneous and was
work was done, as SILK MILL, SAW MILL, BANK, etc	due to Coronau, Embolism
Date deceased last worked at this occupation (month and spent in this	Time of death probably dieries
year) occupation	Dther Contributory Causes of Importance: The wight of
12. BIRTHPLACE (city of town)	Then 9th 10th
(State or country) factor (S)	-1702
13. NAME Jarrell Comments.	
(State or country)	Name of operation
# 15. MAIDEN NAME Puthama farry,	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) / emely frama	Where did injury occur?
17. INFORMANTICS Of Sel anos	(Specify city or lows, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Matterials Clim, Date Alec 13, 1933.	Nature of Injury
19. UNDERTANDAMENTE Spores.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Benson, m.	If so, specify
20. FILED DCC 13, 193 ME/ Richardson	(Signed) U. T. Case M. D.
Registrar.	(Address) NG Cuty Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	Ale en		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





V. S. No. 1

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T RECORD. E	Y. PHYSICI	Exact staten	
PERMANEN	EXACTL	ly classified.	ate.
HIS IS A	be stated	be proper	of certific
DING INK-TI	. AGE should	so that it may	ctions on back
AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of it	d be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	y important. See instructions on back of certificate.
A	d b	)E	in

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10000
County Harfard WITHIN DORPORATO LIMI	Registration Dist. No. 185
Village or City Agure de Gruce	No. Aasfattal St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME John Barrett	· · · · · · · · · · · · · · · · · · ·
(a) Residence: No. / Whitfard Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wajie the word)	21. DATE OF DEATH  Dle. 19  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h see alive on Llee 19 ,19.33; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
51 junknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	- CAONCILAL VALUE SHILL
10. Date deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Other Contributory Causes of importance:
	augnollem
13. NAME Nelson Spritt 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Raves de Gracy Haspital (Address) Haves de Lague nd	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manage of Interest
Place State Redge Oag Dec. 2219 33	Manner of injury
19. UNDERTAKER Huter Hambing.  (Address)	24. Was disease of injury in any way related to occupation of deceased?
20. FILED Dec. 19 1933 Charles I Taley M. D.	(Signed) M, D.
Registrar	(Addrace) of lucke to tenan / NI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of evilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

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AINLY,	WITE	I CNFAD	ING I	NK-T	HIS	V SI	VINLY, WITH UNFADING INK-THIS IS A PERMANENT
be car	efully	supplied.	AGE	pluods	pe	stated	be carefully supplied. AGE should be stated EXACTL
RATH	in plan	in terms, s	so that	it may	pe	proper	MATH in plain terms, so that it may be properly classified.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12236
County Harford	Registration Dist. No. 182
Village or City & Bellen and	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of cesidence in city or town where death occurredyrsmos	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME W. Boyd Bell	
(a) Residence: No. Belle Mack (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of My 40 Pt 00 00	
(or) WIFE of Martha Street Bell	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Frue 1 - 1861	I last saw h_ alive on Jec ( , 19.33; death is said
7. AGE Years 70 Months Days If LESS than	to have occurred on the date stated above, at
75 6 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myvearditis Chronic Date of onset
	Endo carditis acuto
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ofunes Levains
10. Date deceased last worked at this occupation (month and spant in this occupation occupation	
a or	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cleaning (State or country)	
13. NAME Caledon Bell	
14. BIRTHPLACE (city or town) Colling (State or country)	Name of operation Date of
15. MAIDEN NAME MILES & Bond	What test confirmed diagnosis? Was there an autopsy?
13. MAIDEN HAME Mus gant way	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)  (State or country)	Accident, suicide, or homicide?
Oracle of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. fluithe & Bell (Address) Gel Con my	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Many 1 Mary 1 Mary 16 , 1933	Nature of injury
19. UNDERTAKER Seen + Solar (Addiess) Below Mad	24. Was disease or injury in any way related to occupation of deceased? 720
20. FILED Del. 15, 19.33 Virginia Chambers Registrar.	(Signed) POST grand M. D.  (Address) Ble an ma
If more blanks are needed, address State Registrar	2ATT N Charles Street Baltimore Requesting 7) S No .

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Arteriosclerosis & CEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAUV	: 1		
Other contributory eauses of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MOTHER FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12237
1. PLACE OF DEATH	lan .
County Harford	Registration Dist. No. 18
Village or City W. Havre de grace	NoSt. Ward
Length of residence In city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in 15.S. if of foreign birth?
2. FULL NAME Crimand larly	sle (handlel
(a) Residence: No. Thave de Sace Md. (Usual place of abode)	T.S., O, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Del. 19 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
1 10100	, 19 , to Occ , 1933
6. DATE OF BIRTH (month, day, and year) fan 30,1926	i last saw ham alive on Dec, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	B
SAWYER, BOUKKEEPER, etc.	Tricks & neumony
work was done, as SILK MILL, SAW MILL, BANK, etc.	
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Findustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) spent in this occupation	
Hand do und	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) / Valyona	
	Cynaustin
13. NAME (alph indrew Chandles 14. BIRTHPLACE (city or town) Varford Co	
4. BIRTHPLACE (city or town) Carford Co (State or country)	Name of operation Date of
	What test confirmed diegnosis? Lucaf. Was there en autopsymp.
16. BIRTHPLACE (city or town) Tarford Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
M. 4.1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MS. Winifeed C. Chandle. (Address) 6 5 6 7 St. Relena arc Dundalle.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL SILES Date Dele 22 10 33	Manner of injury
Place Thurlan Poul Date Nels, N 1900	Nature of injury
19. UNDERTAKER Adams Mutchell (Address) Harris of Brown	24. Was disease or injury in any way related to occupation of deceased? 200
Donne of the contract of	If so, specify
20. FILED NOVE 21, 1922 / Bellow Brught	(Signed) M. D.
Registrar.	(Address) Aller And The And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. #.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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FOR	
RESERVED	
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH pinous County \_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? \_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_ statement (a) Residence: No. (Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Year) classified. 5a. If married, widowed, or divorced HUSBANO of C ERTIFY. Thet I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months **Oevs** If LESS then to have occurred on the date stated above, at 7/550 m. 1 day ......hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or\_\_\_\_min. were as tollows: Oata of onset 8. Trade, protession, or particular OCCUPATION kind of work done, as SPINNER, Harnel Jo may back plnods 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years)
spent in this
occupation no 10: Oate deceased last worked at this occupation (month and year) AGE that instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or coupley) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) ain (State or country) should be carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy? d MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Date of injury.......... 19 16. BIRTHPLACE (city or town) (State or country Where did injury occur?\_\_\_. (Specify city or town, county and State) DE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR Manner of injury LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased?

> Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

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AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

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V. S. No. 1

Exact statement of OCCUPA.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9)
County Harford	Registration Dist. No. / 8
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 27_yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Salkie Crockson	
(a) Residence: No. Show Fans (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Hamel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of Server W. Crockson	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 7 - 1 5 7 2	I lest saw has alive on 19 200 10 ,19 3 Feath is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month  Days  If LESS than	to have occurred on the date stated above, at 10,3 2 1, m.
6/ 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trada, profession, or particular	were as follows: , Date of onset
kind of work dona, as SPINNER, Armseworker	Nabrition
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
SAW MILL, BANK, atc	
this occupation (most and 93/ spent in this occupation year)	
Arishad Co	Other Contributory Causes of importance:
(State or country)  (State or country)	
13. NAME Lewis Bowsel	
14. BIRTHPLACE (city or town) Saskurd Co	Name of operation
(Stata or country) Maryland	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Catherine Mannis	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Asarfand Co	Accidant, suicide, or homicida? Date of injury, 19
(State or country) Maryland	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT/M. Denry M. Croshedon (Addrass) Chloricon R. F. D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place It funds ameny Data atte 13, 1927.	Natura of injury
19. UNDERTAKER Hanny January Stones (Addrass) They align mid	24. Was disaase or injury In any way ralated to occupation of deceased?
20, FILED DW 12 19 33 Of Michael	(Signed) A Mulking My.
Registrar.	(Address) And Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURSAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	RYLAND—CERTIFICATE OF DEATH 12240
1. PLACE OF DEATH	46)
County Hanford	Registration Dist. No. 182.
Village or City Hanford But	No. St., Ware  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurr	yrs,mosds. How long in U.S. if of foreign birth?yrs,mos,ds
2. FULL NAME Edith I	vio
(a) Residence: No. Harford	ounte Home Ward.
· · · · · · · · · · · · · · · · · · ·	ce of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTY	
finale leve OR DI	ARRIED, WIDOWED, ED (write the word)  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Andrew Days	22. I HEREBY CERTIFY. That I attended deceased from
40	16011 1933 to 00 1 1933
DATE OF BIRTH (month, day, and year) Tely 2  AGE Years Months Oa	I last saw h alive on 1935; death is sai
39 9	1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carlenno Relum mo
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et 11. Its occupation (month end	
10. Oate deceased last worked et this occupation (month end year)	I time (years) pent in this coupation
2. BIRTHPLACE (city or town) Handon	Other Contributory Causes of importance:
1 00 0 0	4
13. NAME Charles Gree	
14. BIRTHPLACE (city or town) Rocks (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? The Was there en autopsy?
15. MAIDEN NAME Care Elec	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
0 - 00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT Address) Bela	Time is
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cisbury Date	196-3,-, 1943. Nature of injury
9. UNDERTAKER Dealy Joster	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Bellen M	If so, specify
0. FILEO Dec. 2, 1983 (1.8 Cha	(Signed) (Signed) M, Registrar. (Address) LIREST HELL MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The management	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 1934 N 1934	July 5,1927	Peritonitis	3 days ago	
Other centributers					
Other contributory of	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND—CERTIFICATE OF DEATH 12241

	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	). Every it	SICIANS	atement o	
	r RECORI	Y. PHYS	Exact st	
NDING	RMANENT	XACTL	classified.	
FOR BI	IS A PEI	stated E	properly	certificate.
WRGIN RESERVED FOR BINDING	NK-THIS	should be	it may be	n back of
SIN RES	ADING II	ed. AGE	s, so that	ructions o
W.R(	ITH CANF	illy supplie	plain term	. See inst
•	AINLY, W	b be carefu	EATH in	TION is very important. See instructions on back of certificate.
	RITE PL	tion should	USE OF I	N is very
0.1	M	ma	CA	TI

N. B.

1. PLAC	E OF DEAT	гн/	_		82-0	
Count	Var	ford	with the second	ROFFORITAL	Registration Dist. No. 185	-
Village	e or Other Vig	urede	Grace-		No. 625 S. Washington St.	Ward
	/		1.0		f death occurred in a hospital or institution, give its MAME instead of street and num	ber)
Length	of residence in cit	y or town where	death occurred	_yrsmos	s	ds.
2. FULL	NAME (1	Mula	m ho	ances	Vay	
(a) Re	esidence: No. 4	250	Washin	igtra	- St., Ward.	
			(Usual place of	akode)	If nonresident give city or town and Sta	ite
	SONAL AN	D STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLO	R OR RACE	5. SINGLE, MARRII		21. DATE OF DEATH	5
Male	e wo	ule	Marrie		(Month) (Day)	(Year)
5a. If married, HUSBAN	widowed or divo	rced	/	9		(1001)
(or) WIF	E of //a	Ry /4	аттони	1 Way	1 HEREBY CERTIFY That I attended dec	~ 5
	7.	1	7-1-11	2/5	26/4/9 192 to Olc: 16	, 1907 5
	IRTH (month, day		cr. / , )	069	11651	eath is said
7. AGE	Years	Months 2	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at A.m.	
1	60		9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of onset
8. Trade,	, profession, or pa nd of work done, a WYER, BOOKKEE	rticular as SPINNER,	Wat.		Aupellension	
SA SA	WYER, BOOKKEE Try or business in	PER, etc.	cauma		1 D 1 1 1 1 1 1 1	
H WO	ork was done, as S NW MILL, BANK, e	ILK MILL, Ties	uman Y D.	ucker	Cercebral Almounage	
U 10. Date	deceased last wor	ked at	a. 11. Total time	(years)_		
- 100 / 1111	is occupation (mor ar)	ith endling.	spenti occupa	n this 50 %		
Mileson		78-1	time	m	Other Coutributory Causes of importance:	
	CE (city or town). or country)	Juv	vmov-	· · · · · · · · · · · · · · · · · · ·	-	
1	11	161	6) 2.1		-	
E		13	nt. ay			
4 14. BIRTH	PLACE (city or to tate or country)	wn)/da	llimor	<u> </u>	Name of operation Date of	
1 (0	~	1.	1)	16,	What test confirmed diagnosis? Was there an aulo	psy?
15. MAIDE	N NAME 6	uga !	Rapoc	N	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	PLACE (city or to	wn)	allini	re	Accident, suicide, or homicide? Date of injury	_, 19
-1 (2)	tate or country)	n	1119	•	Where did injury occur? (Specify city or town, county and State)	
17. INFORMAN	( ho.	lary	14. Na	M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Addre		D. Wa	shang!	to St	••••	
Place_	REMATION, OR RI	MAY LI	1 1 1 100	.18 19 35	Manner of injury	
Place	189	2 /	Date Date	, 19 5	Nature of injury	
19. UNDERTAK	ER/	Tadiso	n/h/cl	rell	24. Was disease or injury in any way related to occupation of deceased?	
(Addre	ss) Has	rede	mace,	md.	If so, specify	1
20. FILED	le. 18 1	33 blee	les & Fales	7.2.	(Signed)	M. D.
	, ,		0 1	Registrar.	(Address) Deale St. Stepe)	41
		If more	blanks are needed, add	ress State Registrar.	24 I N Charles Street Malinhye Requesting TI S No .	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii.	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. 8				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12242
1. PLACE OF DEATH	50
County Harford	Registration Dist. No. 183
Village or City Milesville	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME HANN BULL DEV	7-6
(a) Residence: No. / Bulesvolle	St. Ward.
(d) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writishe word)	21. DATE OF DEATH  (Month)  (Qy)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AMOS Devol	22. HEREBY CERTIFY Hat I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 14, 1879	I last saw h a live on Sec 10 , 198 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
54 // 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Determinance of Break Determinant
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Cootributory Caoses of importance:
(State or country)	
II 13. NAME Augh Consultors	
13. NAME ANGLE SALLEY OF TOWN)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thobea Flaharly	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Thortes Flahorty 16. BIRTHPLACE (city or town) - MA	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) filesouthe min	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR TEMOVAL Cen 12/14 33	Manner of Injury
Place Fellawship pate 174, 1933	Nature of injury
19. UNDERTAKER (Address) Jan Stroville Mil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Des. 14, 19.33 Thomas Brown Registrar.	(Signed) Charles M.D. (Address) Street Mad
If more blanks are needed address State Peristran	Charles Street Belliness B. W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.-The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

No. 1

v.

	PLACE OF DEATH	
	ge or City Jawa Groe (No. 1	PD
	2FULL NAME Cours 6. Coff	ley
	PERSONAL AND STATISTICAL PARTICULARS	-
1	emal white the word)	6
3 D	TE OF BIRTH	17
	Mrs. 12 186.	···· tha
7 A	(Month) (Day) (Year	
, ,	73 yrs. / mos. / da or mi	Th.
3 C	CUPATION	
p (	Trade, profession or tricular kind of work	
	General nature of industry	
	ich employed or (employer)	
9 6	RTHPLACE (State or country)	
	FATHER Horace Zeele	(Si
SLN	OF FATHER (State or country)	
PARE	of MOTHER Edirle	18
	OF MOTHER (State or country)	At
4	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	wh if
	(Informant) Vincent. L. Eppley	For
	(Address) Farm, grove, Ban	4
5	iled Dec. 23 1933 Thomas R Brow	n 3

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

Hen Kal. Co

y		a hospital tion, give its stead of number.)	NAME in-
MEDICAL CER	TIFICATE O	F DEATH	
***************************************	(Month)	22 —(Day)	19 <b>33</b>
17 I HEREBY CERTIF	Y, That I atte	ended the dec	eased from
that I last saw heatalive or and that death occurred on the			, 123.
The CAUSE OF DEATH * was	as follows:		
(bronglio.	Anen	m	us
	Duration)	yrə, m	. 6 de.
Contributory	•••••		
- 1/2	Durstion)	yru m	O M. D.
*State the Discase Ca Violent Causes, state (1) Accidental, Suicidal or Homleic	using Death, Means of Injust.	or, in deat jury and (2)	hs from whether
18 LENGTH OF RESIDENCE ients or Recent Residents)		als, Institution	ons, Trans-
At place of death yismosds  Where was disease contracted,	In the State	угв	mos ds.
if not at place of death?  Former or usual residence			
Hen Rock . Fo	TOVAL	12/24	9 19 33
20 NDERTAKER	-1	199955	00

150

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, Physician. Compositor Architect Lacomotive envision additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, should be used only when needed. As examples: (a) Smance worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealtuborer Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servent, Cook, business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, engineer. Stationary freman, etc. But in many For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; yrs). For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Loker pneumonia, Bronchopneumonia ("Pneumonia,"?

inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of . . . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tunior" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping tions, such as "Asthenia," "Anaemic" (mercly symptom-"Inanition," "Marasmus, Out 16", Weakness," etc., when a definite disease "Exhaustion, "Debility" "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all State cause for which surgical operation was underdiscases as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of carbolic acid-probably suicids. The nature of the injury, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; ',("Congenital," "Senile," etc.), "Dropsy, ion," "Heart failure," "Hacmorrhage, by Committee on Nomenclature 3 9 "Marasmus," "Old Age," "Shock, Chronic etc. valendar heart The contributory Measles; discuse; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address) 18. BURIAL, CREMATION, OR

(Address)

19. UNOERTAKER

mation should be carefully supplied.

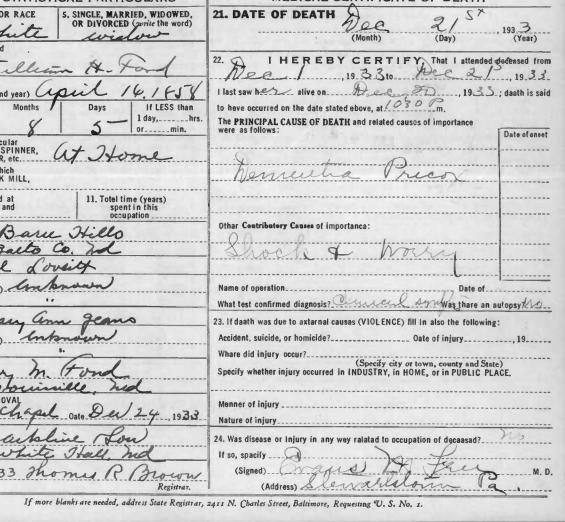
certificate.

of

See instructions on back

B

County Harford  Registration Dist. No.  Village or City  No.  (If death occurred in a hospital or institution, give its NAME instead of str  Length of residence in city or town where death occurred  (4) yrs  mos.  ds. How long in U.S. If of foralgn birth?  yrs.  (a) Residence: No.  No.  (If death occurred in a hospital or institution, give its NAME instead of str  Length of residence in city or town where death occurred  Yyrs  St.,  Ward.	
(Usual place of abode) If nonresident give city or to	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word) 21. DATE OF DEATH DOC 21	5^
5a. If married, widowad, or divorced HUSBAND of (or) VILLE OF  Welliam A-Ford  Welliam A-Ford  19 3 3 to	ettended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day, hrs.  or min.  I last saw here alive on the date stated above, at 1030 m.  The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	19گگ; daath is said
8. Trade, profession, or particular kind of work done, as SPINNER, At Discounting the work was done, as SPINNER, At Discounting the work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this counting (month and s	
10. Date deceased last workad at this occupation (month and year)  11. Totel time (years)  spent in this occupation	
12. BIRTHPLACE (city or town) Baru Hillo  (State or country) Balto Co. H	
13. NAME Samuel Loveit	
0	hare an autopsy M.
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. MAIDEN NAME  19. Maiden Name  23. If daath was due to axtarnal causas (VIOLENCE) fill in also the Accident, suicide, or homicide?  Copecify city or town, country  Specify whether injury occurred in INDUSTRY, in HOME, or in PUI  Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	following:, 19



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 ä TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0)
County Harford to	Registration Dist. No. / 8 2
Village or City Rull ford.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred mgs.	ds. How long in U. S. if of foreign birth? 4 Qyrs. — mos. — ds.
2. FULL NAME Hannaf Tricke	<i>(</i> ,
(a) Residence: No. Prest ford - Hydo 7.	Nard. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write He word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of 1886	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I tast saw h M. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
48 6 - 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	me horden huntan
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month end	1930
SAW MILL, BANK, etc	
this occupation (month end spant in this occupation	
Pot	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME barl Freshl	
13. NAME TIME TO THE SECOND TO	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Marie Towers.  16. BIRTHPLACE (city or town)	23. If death was dua to extarnal causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SEC. Truesles Aug.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Charlement Mills Date Wes 2, 1933	Nature of injury
19. UNDERTAKER Now Cool (Address) 1217 15 Tares 18 Bath Ind	24. Was diseasa or injury in any way related to occupation of deceased?
Grave no Die 18 - da	(Signed) (Si
20. FILED A. C. F. 19.33	(Address) Balgarn-Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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- 1	1	"	13	Ex
	6	6		3.3

1. PLACE OF DEATH	(46)
County Juliand THIS CORPORA	Registration Dist. No. 185
Village or City Nagre Av Grace	ND. Statestal St., Ward (If death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How lyng in U.S. if of foreign birth?yrsmosds
2. FULL NAME ( harles 6. Tha	ll
(a) Residence: No. Fallston Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED ("write the word)  Single ("write the word)	1935 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)	22. HEREF CERTIFY, That I attended deceased from 2. 1933, to Dec. 2 1933; 1 last saw ham alive on Nec. 2 2000, 1933; death is said
7. AGE Years   Months Days   If LESS than 1 day,	to have occurred on the date stated above, at 3
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Caremorra of Strmach
12. BIRTHPLACE (city or town) (State or country)  13. NAME  13. NAME	Other Contributory Causes of importance:  Condo on Expansion
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (ath E) Warm  16. BIRTHPLACE (city or town) Marylands  17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMMION, OF REMOVAL Place Providence Control of the Sec. 5/193	Manner of injury
19. UNDERTAKED OSULEUGE Y TO SELLY TO PERSONAL PROPERTY OF THE PROGRAMMENT OF THE PROGRAM	If so, specify  (Signed)  (Address)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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			A Maria

V. S. No. 1

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TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE	OF	MARYL	AND-	CERT	IFICA	TE	OF	DEAT	ΓH
DEATH									

1. PLACE OF DEATH	12247
County Harfall	Registration Dist. No. 184
Village or City Odylekvelle and	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
0	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Maly Elizated)	Harrison
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH See 12 1993
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) QJ-9 1933	Hast saw her alive on bur le 1983: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 Pm.
1933 60 2 9 3 I day,hr	were as follows.
8 Trade profession or particular	Paroneho Mareunoria Bate of anot
2 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Spellt III this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 2006 Ong (State or country)	
13. NAME William Harrison 14. BIRTHPLACE (city or town) Constitution	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Size Wison  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of Injury
1 (Oldie of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alles Ville And .	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 School Cer Mode Dec 1/4-, 19.3.	Nature of injury
19. UNDERTAKER CLASS DERTE	24. Was disease or injury in any way related to occupation of deceased? Oct
0 1 2 2 0 2 2 2 2	(Signed) Coharle Or Zames
20. FILED ASS. 161933 FO STONE Registrar.	(Address) Durid (A) Ong-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V-Co				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	y item of infor-	VS should state	nt of OCCUPA.	1
	RECORD, Ever	Y. PHYSICIAL	Exact statemer	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	N. B. WRITE PLAINLY, WITH CAFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
MAR	AINLY, WITH EAR	d be carefully suppli	DEATH in plain term	important. See ins
V. S. No. 1	N.B. WRITE PL.	mation shoule	CAUSE OF 1	TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12248
1. PLACE OF DEATH	
county Starford	Registration Dist. No. 8
R VIII ARE OF CITY A COURT OF THE COURT OF T	Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Gleneview Lee	Hutton
(a) Residence: No. Have de anace	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
J. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, atm,
2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cangle ing I fell
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Vn ques decquel
	fundistany !
year) occupation occupation Oan	Other Contributory Causes of importance:
12. BIRTHPLACE (ethy or town) (State or country) And Community (State or country)	
13. NAME Paul Tratto	
13. NAME POUL TO STAND	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME helma Hamilton  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Paul Stutton (Address) Ham de Grace Mad	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR NEWYOVAL	Manner of injury
Place Date Vet 1933	Nature of injury
19. UNDERTAKER A Sarly  (Address) A ard most on m	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 11, 1933 Bertha B. Kright.	(Signed) W. D. Januars Crosses M. D. (Address) Calored Dred
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:	- <u> </u>	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY PHYSICIAL	V
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CAUSE OF DEATH

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classified

RECORD.

1. PLACE OF DEATH Village or City 2. FULL NAME (a) Residence: No. Exact 3. SEX 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months 8. Trade, profession, or particular kind of work done, as SPINNER. OCCUPATION SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ back it may Data deceased last worked at this occupation (month and so that

Length of rasidence in city or town where death occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Days I day, \_\_ \_ \_\_\_\_ or .....min. on II. Totel time (years)
spant in this occupation .... instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) (Address) 18, BURIAL, CREMATION OR TION is 19. UNDERTAKER (Address) 20, FILED Dec - 29-, 1933 )

STATE OF MARYLAND—CERTIFICATE OF DEATH

	(39)		100	,
		Registration Dis	st. No. 18	χ
No.			St.	Ward
death occurred	in a hospital or instit	ution, give its NAME in	stead of street and	number)
ds.	How long in U.S. if	of foreign birth?	yrs	nosds
St.,	Ward.			
			e city or town an	d State
		CERTIFICATE C	OF DEATH	
21. DAT	E OF DEATH	40	4.0	
		(Month)	29	(Yeer)
		(month)	(Day)	(1661)
22.		Y CERTIFY.		
sh	hirth	., 19, to		, 19
I lest saw h	et.			: death is said
to have occ	urred on the date stat	ted above, at 9	m	
The PRINC	IPAL CAUSE OF DEA	TH and related causes of	of Importance	
were es fol	ows:		.,	Date of onsat
V/s	unatu	he		
Other Cont	ributory Causes of imp			
Other Camp	noutory Causes Of Hill	ortance;		
Name of op	eration		Date of.	
What test co	onfirmed diagnosis?		Was there an	autopsy?
23. If death v	was due to external ca	uses (VIOLENCE) fill in	also the following	1g:
		Date		· ·
		Vat	e or mjury	, 13
	njury occur?	(Specify city or tov	vn, county and St	ale)
Specify whe	ether injury occurred	in INDUSTRY, in HOME	, or in PUBLIC P	LACE.
Manner of I	njury			
Nature of in	ijury			
If so, specif		way related to occupatio	ii oi deceased?	
IT SO SDACI	Y			
	ON To	11.00	1	
(Signer	(Address) Ca	arthu	~	

Registrar

If LESS tha

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago
	1 week ago
Run over hu street car	
Truncocci og on oor our	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
-	Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

	WIT	of mllv
•	B.—WRITE PLAINLY, WIT	mation should be carefully
V. S. No. 1	N. B.—WRI	mation

1. PLACE OF DEATH  County FAIR FAIR No.  Village or City ABIERDEN No.  (If death occurred in a horpital or institution, give its NAME instead of street and numbe Length of residence In city or town where death occurred yrs.  2. FULL NAME FRAMIX ALKOR Me Z Z Z Yrs.  (a) Residence: No.  St., Ward.	ds.
Village or City  No.  (If death occurred in a horpital or institution, give its NAME instead of street and numbe Length of residence In city or town where death occurred yrs. mos. ds. How long In U.S. if of foreign birth? 22 yrs. mos  2. FULL NAME  FRAMIX ALLOR KEZ 760  (a) Residence: No.  St., Ward.	ds.
(If death occurred in a horpital or institution, give its NAME instead of street and numbe Length of residence In city or town where death occurred yrs	ds.
Length of residence In city or town where death occurred yrs. mos. ds. How long In U.S. if of foreign birth? 22 yrs. mos mos  2. FULL NAME FIRAMIX ALLOW RESIDENCE: No. Observation St., Ward.	ds.
(a) Residence: No. Alunden St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX and 14. Color or Race   5. SINGLE, MARRIED, WIDOWED,   21. DATE OF DEATH	
WHITE WHITE OR DIVORCED (write the word)  WHITE OR DIVORCED (write the word)  DECEMBER (Month) (Day)  (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. That I attended decease, 19, to	
6. DATE OF BIRTH (month, day, and year) about 1891   last saw halive on, 19; deal	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
1 day,	ta of onsat
8 Trade profession or particular	
(9) Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10: Date deceased last worked at this occupation (month and year) year)  O 2 10: Date deceased last worked at spent in this occupation occupation	
Other Coatributary Causes of importance:	
(State or country)	~
13. NAME John Keelho	
13. NAME John Real BO  14. BIRTHPLACE (city or town)  Name of operation.  Date of	
What test confirmed diagnosis? Was there an autops:	sy?
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury	19
Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)	
18. BURIAL, CREMATION, OR REMOVAL  Place A Horse Control Date A Land Land Land Land Land Land Land Land	
Rature of injury.	
19. UNDERTAKER Allowed Comparison of deceased? 24. Was disease or injury in any way related to occupation of deceased?	
20. FILED DEN 14 1963 OC Millear (Signed) W. H. Manyson Coroner	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cpilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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pluods

(Year)

Date of onset

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis OE	3 days ago
		1 particular management	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 12252
1. PLACE OF DEATH	
County Harford,	Registration Dist. No. 184
Village or City Darlington	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death accurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Dallie Doffe	als.
(a) Residence: No. Harlington (Ural place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
F OIL T OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I attended deceased from
Edwin H law.	1 HEREBY CERTIFY. That I attended decessed from  1 19 10 10 10 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, dey, and year) Luly 15 1849	I last saw her alive on Dev 4 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 10,45 Pm.
84 5 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
2 Trade profession or particular	Has besterning lesting selection Data of onsat
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Perhaples in and dilate!
9. Industry or business in which work was done, as SILK MILL, Anvaled SAW MILL, BANK, etc.	The half
Kind of work done, as SPINNER,   SAWYER, BDDKKEEPER, etc.	
this occupation (month and spant in this occupation	
9/1/	Other Coutributary Causes of Importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city stown) Janford Co. M.	
14. BIRTHPLACE (city (town) (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret flower  16. BIRTHPLACE (city or town). Worford Co  (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) About for a Co (State or country)	Accident, suicide, or homicide?
CH 91/91	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Ma) Warkins (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Darlington Date Dec 7 1933	Manner of injury
91.1 1 1 21 1.	Nature of injury 7.
19. UNDERTAKER Authors (Address)	24. Was disease or injury In eny way related to occupation of deceased?
0 ( ) 2 70 1/2 1/2 1/2	If so, specify
20. FILED 27CC 4 , 19.53 /1 / Mules	(Signed) M. D.
Registrar.	(Address) _ and ff _ M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	10 mg	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIA:
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

TATE	OF	MARYL	AND-	-CERTIFI	CATE	OF	DEATH	12253
INIL		IMINIT L	שוות	CLIVIII	CAIL		DLAIII	1666

STATE OF MARYLAND	CERTIFICATE OF DEATH 14400
1. PLACE OF DEATH	
County Harford	Registration Dist. No. 184
Village or City Dublin	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Addie Marilla	Jel
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If memind, widowad, or divorced	
(or) WIFE of Clex Lel	22.   HEREBY CERTIFY, That I attended daceasad from
01-11/18/1	Dec 15, 1923, to Dec 19, 1933
6. DATE OF BIRTH (month, day, and year) 46. 106/	I last saw have alive on
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at 8m.
2 8 2 10ay,mrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 10.  11. Total time (years) 4.  11. Total time (years) 4.  12. Total time (years) 4.	Die /s.
10. Date deceased last workad at 10 11. Total tima (years) this occupation (month and 16, 1933 spent in this occupation year)	
10 11'	Othar Contributory Causes of Importance:
12. BIRTHPLACE (chape lown)	V
(State or country) Targord Co, Mind	
14. BIRTHPLACE (citycar town) Dublin	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine 15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town).	28. If death was due to external causas (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Editard Swift (Addrass) LO arlington mid	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Dublin empate he 10, 1933	Nature of Injury
19. UNDERTAKER H. S. Bailey	24. Was disease or Injury In any way related to occupation of decaased?
(Address) Darlington and	If so, spacify
20. FILED De 14, 1920 M W Ruda Registrar.	(Signad) M. D.  (Addrass) A grely of the
Acgurar.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12255
1. PLACE OF DEATH	
County Warfard	Registration Dist. No. 182
Village or City Belau	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Belaix	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE   5. SINCLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
Male While OR DIVORCED (write the word)  5a. If married, widowers or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND OF A Spillie Tennington	22. I HEREBY CERTIFY, That I attended deceased from 1927, to 223/ 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h are alive on DEC 27 ,1923; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER.	Cartino Selectoros Date of onset
SAWYER, BOOKKEEPER, etc	1927 (95)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
S. Irade, potession, or particular kind of work done, es SPINNER, Auda Mechanic SAWYER, BOOKKEEPER, etc.  G. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 4 to 5 this occupation (month and year)  This occupation (month and years)  Spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Washington D. C.	Other Coutributory Causes of importance:
13. NAME Levege Mackean	
13. NAME Levege Machian  14. BIRTHPLACE (city or town)  (State or country)  Manual and	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Hue
15. MAIDEN NAME Martha Paskus  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT a Lillie Mac Lean (Address) Belain and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL  Place renaship Date Dan 2, 1954	Manner of injury
19. UNDERTAKER Harest Heil and,	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jam 1 1934 n. E. Pichardson. Registrar.	(Signed) Propell & Belling Property D. D.
76 U. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the part sular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows;	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	• Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1248
County Harford	Registration Dist. No. 16
Village or City Charles R. F. D.	No. St., Ware f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME William & Mille	<u> </u>
(a) Residence: No. Burthy Hill	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While Manuel	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of Cort MISSANO HUSBANO OF CORT MISSANO HISTORY AND	22. I HEREBY CERTIFY, That I attended deceased from
Mrs. Allen A. Miller	any 9 1933 Arent 193
6. DATE OF BIRTH (month, day, and year)	I last saw h. Malive on J. 19 2; death Is sai
7. AGE Years Months Oeys If LESS than	to have occurred on the date steted above, at 6
5-4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cook in Bertemany SAWYER, BODKKEEPER, etc.	- Cate of billion
SAWYER, BODKKEEPER, etc.	Diff. Di
Kind of work done, as SPINNER, And in Statement SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked et Sec.  11. Total time (years) spant in this occupation (month and	Corroses of more
SAW MILL, BANK, etc	0
this occupation (month and 1934 spant in this 30 year)	
12. BIRTHPLACE (city or town) Linnwood	Other Contributory Causes of importance:
(State or country)	
13. NAME James B. Willer	•
13. NAME Janus B. Miller  14. BIRTHPLACE (City or town)	Name of operation Alone Date of
(State or country) Pennsylvania	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Francis London 7	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIOEN NAME  Francis  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17 INFORMANT Mes Allen S. Miller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) afallelen Mit, R.F. B.	
18. BURIAL, CREMATION, OR REMOVAL Consister Va	Manner of injury
Place arlington National Date DAC, 27, 19?3	Nature of injury
19. UNDERTAKER Senry Jaming Jams (Address)	24. Was disease or injury In eny way related to occupation of deceased?
191/26 /33 Manhae	(Signed) SK Dullung
20. FILEO Registrar.	(Address) Perm men m
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNDAU V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# WARGIN RESERVED FOR BINDING

County	Has	Acrel				Registration [	Dist. No. 1825	
	City H	110	1		No.		St	Wa
		or town where	1		death occurred in a hospital or it		instead of street and nur	mber)
		or town where	death occurred	yrs/mos	ds. How long in U.S	o. If of foreign birth?	yrsmos.	
2. FULL N		sl	100	Drune				
(a) Kesid	ence: No		(Usual place	of abode)	St.,Ward.	If nonresident a	ive city or town and St	ate
PERSO	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
female	4. COLOR	OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEAT	H A (Month)	(Day)	193 3
5a. If married, wid HUSBAND of	owed, or divorce	ed				Variation	· · · · · · · · · · · · · · · · · · ·	(1eai
(or) WIFE of					22. WERE	BY CERTIFY	£1	ceased
6. DATE OF BIRTI	(month, day,	and year)	enchanne	1868	I last saw hale alive on	9-	1933;	.,
	ears	Months	Days	If LESS than	to have occurred on the date	/ /	1	
	65			I day,hrs.	The PRINCIPAL CAUSE OF I were as follows:	DEATH and related cause:		Dete of a
kind o SAWYI	fession, or part f work done, as ER, BOOKKEEPE r business in w	s SPINNER, - ER, etc which	Hornes	Lutus	Bronelia	& Present		Dec
C. Work v	vas done, as SIL IILL, BANK, etc	LK MILL.						
U 10. Date dece	ased last worke cupation (month	ed at	II. Total ti spen occu	me (years) it in this pation				
12. BIRTHPLACE (		met	Harber	Con	Other Contributory Causes of	importance:	<i>a</i>	
13. NAME	1	Seo O.	Dennel	<				
	CE (city or town or country)	n)	mer		Name of operation What test confirmed diagnosis			
15. MAIDEN N	AME	an	me W	ann	23. If death was due to externa			upsy:
	CE (city or town or country)	n)	mel		Accident, suicide, or homicide	e? D		, 19
17. INFORMANT (Address)	Seo	0'9	mull		Specify whether injury occurr	(Specify city or to	own, county and State) IE, or in PUBLIC PLACE	Ε.
18. BURIAL CREM.	ATION OF REA	MOVAL	Date Se	~/6.,1933	Manner of injury			
Place			0 10					41
	Se	cen Y.	Tales		24. Was disease or injury in a	ny way related to occupat	ion of deceased?	U

V. S. No. 1

ż

(Address) ... Ware If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1.5	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L TO SALVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long & U.S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_\_mos.\_\_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from ----: death is sald to have occurred on the date stated above, at 7, 15-6, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		- Pannany"	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPA

should

(Year)

Oate of onset

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPAUS S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		<u> </u>	
Village or City Janua de la	Lace (III	No 54 Frankly St.,  Registration Dist. No. St.,  Geath occurred in a kerpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where de		Stillbirth yrs	
(a) Residence: No. 6 9 T J	(Usual piace of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Lemale Huite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sic. 78	., 193 3 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	Le 18/933	I last saw h alive on 19 19 19 19 19 19 19 19 19	, 19
7. AGE Years Months	Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, at3m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	, geath is san
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	ormin.	were as follows:	Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			
this occupation (month and year)	11. Total tima (years) spant in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Favel (State or country)	de Clace	Other Continuory Causes of Importance.	
13. NAME Frederice  14. BIRTHPLACE (city or town) Fair	k Rancher		
14. BIRTHPLACE (city or town) Fac (State or country)	Mac Maca	Nama of operation Date of What test confirmed diagnosis? Was there an	autoney?
15. MAIDEN NAME aura J.	latterson	23. If death was due to external causes (VIOLENCE) fill In also the followin	g:
16, BIRTHPLACE (city or town) (State or country)	erry ville/lla	Accident, suicide, or homicide? Date of injury  Whera did injury occur?	
17. INFORMANT Tard. (Address) 654 Frank	lancker	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Dec 28 1933	Manner of injury	
19. UNDERTAKER TO Macho (Address) Hawred	ion Matchell	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
20. FILEBOSEC . 28, 1933 Colars	les J. Faley no.	(Signed) James 16 1309	M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

WARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUELLU V.B.	3		
· ~ ~	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly TION to very important. See instructions on back of certificate.

Exact statement of OCCUPA.

	infor-
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9	RECORD.
MEGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12261
1. PLACE OF DEATH	- Wa
County Party	Registration Dist. No.
Village or City Warteen 1110	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME August or his Rea	emer
(a) Residence: No. 1904 & Stutto	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR/OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH Dec. 5 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Rose Reamen	22. I HEREBY CERTIFY. That I attended deceased from  Tatient days 19 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
40   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, allesnan	Josephy angua Octorio
(9. Industry or business in which	Out to land
work was done, as SILK MILL, SAW MILL, BANK, etc	assist Dil milia
10) Date deceased last worked at this occupation (month end year)	you munter
	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Joseph Reamer	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Android	What test confirmed diagnosis?
15. MAIOEN NAME CONNE	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANTINOL Recomes (Address) 1628 N. Bantalass at	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 11-6-33	Menner of injury
Date Date 19	Nature of injury
19. UNDERTAKER COST LEWIS JOE -	24. Was disease or injury in any way related to occupation of deceased?
(Address 1,439 & 12after A	If so, specify
20. FILEO Registrar.	(Signed) M. D.  (Address) A leader 7 d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

E	xample I	il	Example II	
The principal cause of de of importance were as foll Arteriosclerosis	th and related causes- ovs: ECHIVE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	DEC 18 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Pre 19 1933	July 5,1927	Peritonitis	3 days ago
	BUREAR			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIA	1	ľ	1	ĺ
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PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

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See instructions on back

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

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mation should be carefully supplied.

AGE should be

of OCCUPA.

Exact statement

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	STATE (	OF MARYLAND-	CERTIFICATE OF DEATH	262
1. PLACE OF	F DEATH			
County	Harbord		Registration Dist. No. 18	2
Village or C	ity Bel an	~ md	ND. St., f death occurred in a hospital or institution, give its NAME instead of street and num	Ward
2. FULL NAI	1	death occurred lifeyrs	of the state of th	ds.
(a) Resident	ce: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and Str.	ate
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	atc.
3. SEX male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sec 3/ (10gf) ,1	93 3 3 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Madelei	me B Robinson	22. I HEREBY CERTIFY. That I attended dec	ceased from
8. Trade, profes kind of w SAWYER, 9. Industry or I work was SAW MIL ID. Date decease		Days If LESS than I day, hrs. or min.  Broken Y  Oacher  11. Total time (years) spont in this		Date of onset
year)	ty or town) Ha	occupation	Other Coutributory Causes of Importance:	
13. NAME 14. BIRTHPLACE (State or		obinson aford Ev	Name of operation Date of Was there an auto	
15. MAIDEN NAI  16. BIRTHPLACE (State or	(city er town)	Farford & Bobuson	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	, 19
(Address) 18. BURIAL, CREMAT Place	ION, OR REMOVAL Cuins Chafes	Date Jany 2, 19 84	Manner of Injury	
10 HADEDTAKED	Dean Y	Jal	24. Was disease or injury in any way related to occupation of deceased?	co

Registrar.

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

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AGE should be

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- Land	93-0	
County Hartons	ρ	Registration Dist. No.	5 2
Village or City Mean Bu	air	No. St.	Ward
		f death occurred in a hospital or institution, give its NAME instead of street and	
Length of tesidence in city or town where beath occurred.	yrsmo:	s. ds. How long In U.S. if of foreign hirth?yrs n	10sds.
2. FULL NAME Sonn	Snyo	ur	
(a) Residence: No. Hallston	2 Mal	St. Ward	78-10-11
	ace of abode)	If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PAR  3. SEX 4. COLOR OR RACE 5. SINGLE. M	ARRIED, WIDOWED,	21. DATE OF DEATH	
	CED (swring the word)	De e	193
5a. If married, widowed, or divorced	red	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
O. F	1070	no 1 1933, 10 Del 8	1933
6. DATE OF BIRTH (month, day, end year)	ilin	I last saw hum elive on Dee 6, 1933	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 12 osam.	
75- 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Unowe myocardial	Data of offset
SAWYER, BODKKEEPER, etc.	1	physiase	142.090.
a lindustry or business in which work was done, es SILK MILL,	ues		-
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  1D. Dato deceased last worked at this occupation (month and	al time (years)	-	
	al time (years) spent in this secupation		
0. /		Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		-	
EL 13. NAME GLACIA	_		
E		No. of the other	
14. BIRTHPLACE (city or town)	1_	Name of operation Date of Was there an	74. 4
E 15. MAIDEN NAME			
H		23. If death was due to external causes (VIDL ENCE) filt In also the followin  Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town)		Where did injury occur?	, []
Chand you	31	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PI	ite)
17. INFORMANT (Address)		opening whether injury occurred in Intodorier, in Home, or in 1 obelo 12	LAUL.
18. BURIAL, CREMATION, DR REMOYAL	^	Manner of injury	
Place trundation Date St	C 7 1933	- Nature of injury	
Monderen & G	2471	24. Was disease or injury in any way related to occupation of deceased?	w
19. UNDERTAKER (Address)	On a	If so, specify	
O. S. JARD	- ma	(Signed) Willard (7- Author	M. D.
20. FILED DEC D., 1933 CC FERCE	Registrar.	(Address) Frest All mi	/
If more blanks are neede		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A delimentary	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH 12264

should state f OCCUPA-MARGIN RESERVED

FOR BINDING

	County Harford, SITHIN HORFORAT	Registration Dist. No. 185
2	Length of residence In city or town where death occurred ayrs.  FULL NAME  (a) Residence: No. Awre de Angeles	No. St., Ward.  No. St., Ward.
-	(Usual play of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S 2 5a.	4. COLOR OR RACE OR DIVORCED (write the word) H married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)  22.   HEREBY CERTIFY, That   attended deceased from
OCCUPATION	OATE OF BIRTH (month, day, and year)  AGE  Years  Months  Jays  If LESS than  I day,	I last saw h alive on, 19; death is sale to have occurred on the date stated above, atm.
ER FATHER	13. NAME Aukrour  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  MUKROURA  17. MAIDEN NAME	Name of operation
MOTHER 12.	16. BIRTHPLACE (city or town) Luch Account (State or country)  INFORMANT James Tourisand II  (Address)	Accident, suicide, or homicide?
	BURIAL, CREMATION, OR REMOVAL  Place augustion to the decision of the complete augustion of the	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20.	FILED Dec. 20, 19 3 3 Charles J. Taley M. Registrar.  If more blanks are needed, address State Regist	(Signed) Assistantial March Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN B 1954			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
· · · · · · · · · · · · · · · · · · ·			

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
MUNITIONAL	STACE	run	PURLIER	STATIMENTS	DI	THISICIAN

stated EXACTLY. PHYSICIANS should state

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Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12265
1. PLACE OF DEATH	00
County Harbord	Registration Dist. No. 182
Village Dr City Helius Iville myd	No. St. Ward
Q. P (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Lilbert Usaga	
(a) Residence: ND.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
on DIVORCED (write the word)	De 29 1933
So If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIEY, That   attended deceased from
Colore States	19 to Dec. 29 , 1933
6. DATE OF BIRTH (month, day, and year) OT 12-1862	I last saw h Leve alive on 19 3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
7/ 2 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done as SPINNER	Date of other
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Up Telex y
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at 11, Total time (years)	
this occupation (month and spent in this year) occupation	-4-
h/	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) //// (State or country)	
13. NAME John Grago  14. BIRTHPLACE (city or tom)	
[ 14. Birthplace (city or to wh)	Name of operation Date of
	What test confirmed diagnosis? Homer rufage Was there an autopsy? Va
15. MAIDEN NAME Cluster Tollinger  16. BIRTHPLACE (city or town) - 4nd	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
0 (11 4	Whera did Injury occur? (Specify city or town, county and State)
17. INFDRMANT James W Oslas o	Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Mit Bien Data Data 1934	Nature of injury
X 11+	
19. UNDERTAKER Clan Volume	24. Was disease or Injury In any way related to occupation of dacaased?
(nuuldas)	(Signed) Chas. Richardon M. D.
20. FILED Jan 1. 1934 A GOVE Character Registrar.	(Address) Bel an mi
Registrar.	" (/www.vee)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
in the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

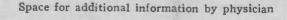
### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal minc, etc. Women at home who are engaged in the dutics of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of Space for additional in

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant ncoplasms); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchobneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always quality as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tentanus) may be stated under the head of "Contributory."



V. S. No. 1

2	3. S	5a.	6. D	MOTHER FATHER 12.1	12.	FATHER	MOTHER	17. 1	18. E	19. (
statement of OCCUPA-	Lyact	dassilled.	ertificate.	TION is very important. See instructions on back of certificate.	ructio	See inst	portant.	ery in	si N	TIO
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	Y. PH	XACTL	stated E	GE should be	d. A	y supplie	e carefull	ould b	on sh	matic
3.—WRITE PLAINLY, WITH ENFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	r RECO	MANENT	IS A PER	G INK-THIS	ADIN	H. SNF.	ILY, WIT	PLAIN	ITE	S.—WR

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12267
1. PLACE OF DEATH	80
County Acerford	Registration Dist. No. / 8 2
Village or City Consult of	Ala
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Howard Claylon WE	an
(a) Residence: No. Bul Com	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Mache Tala OR DIVORCED (grice the word)	Ace /3 193 3
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
0 = 10-	Wee J , 1952, to Dec /3 , 1933
6. DATE OF BIRTH (month, day, and year) Plec. 5, 1433	I last saw h Lsee alive on Dee _ / 3, 19 _ 3 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
oremin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
	Telerus Nesnatorium
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oata daceased last worked at this occupation (month and spant in this	will constitutions
year) occupation V	
2. BIRTHPLACE (city or town) Caldwell - Harford Co.	Other Centributary Causes of importance:
(State or country) This, Churchville	
13. NAME Vaul Wrant	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carry Verbeurs	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
7. INFORMANT Jaul Warn	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address)  8. BURIAL, CREMATION, OR REMOVAL	· · · · · · · · · · · · · · · · · · ·
Place Data Dec 14, 1923	Manner of Injury
4 1 2	Nature of injury
9. UNDERTAKER Dear Y Forled	24. Was disease or injury in any way related to occupation of deceased? $\mathcal{N}_{\delta}$
(Addiess) Phel Cuy mod.	If so, specify
O. FILED THE 14, 1933/14/ Kichardson	(Signed) t. T. Sund grade M. D.
Registrar.	(Address) Wardington Day

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPAC		A / · /	4
To authorisation	of splee of	both sur	buth certificate
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